

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19679

FILED
Mar 05, 2009
Secretary of State

Entity Name: HABITAT FOR HUMANITY OF HILLSBOROUGH COUNTY FLORIDA, INC.

Current Principal Place of Business:

3736 E. HILLSBOROUGH
TAMPA, FL 33610 US

New Principal Place of Business:

3736 E. HILLSBOROUGH AVE.
TAMPA, FL 33610 US

Current Mailing Address:

3736 E. HILLSBOROUGH
TAMPA, FL 33610 US

New Mailing Address:

3736 E. HILLSBOROUGH AVE.
TAMPA, FL 33610 US

FEI Number: 59-2850410

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JACKSON, RALPH
3736 E. HILLBOROUGH AVE.
TAMPA, FL 33610 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LEUZZE, CHRISTOPHER
Address: 2211 S.VILLAGE DR.
City-St-Zip: TAMPA, FL 33612

Title: TD () Delete
Name: CONNELL, STEVE
Address: 5008 STERLING MANOR DR.
City-St-Zip: TAMPA, FL 33647

Title: PED () Delete
Name: JACKSON, RALPH
Address: 3736 E HLLSBOROUGH AVE
City-St-Zip: TAMPA, FL 33610

Title: VD () Delete
Name: RAINARD, DONALD
Address: 3311 BRIANS POND DR.
City-St-Zip: PLANT CITY, FL 33566

Title: SD () Delete
Name: SMITH, MARK
Address: 19135 CHEMILLE DR.
City-St-Zip: LUTZ, FL 33598

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: OLIVER, KELLY
Address: 1522 S. SHERIDAN FOREST DR.
City-St-Zip: TAMPA, FL 33629

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: MARTIN, ROB
Address: 16368 HEATHROW DR
City-St-Zip: TAMPA, FL 33647

Title: SD (X) Change () Addition
Name: TOTH, RYAN
Address: 6015 SHEARWATER LN
City-St-Zip: LITHIA, FL 33547

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RALPH JACKSON

PED

03/05/2009

Electronic Signature of Signing Officer or Director

Date